

207 ESA - First Installment  
Estimated Insurance Premiums Tax  
Payment Coupon  
Domestic Insurance Companies  
(Rev. 12/02)

Department of Revenue Services  
State of Connecticut  
PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

207 ESA

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2002 Form 207, Line 9	1		
	2	Multiply the tax that will be shown on 2003 Form 207 by 90% (.90)	2		
Date Received (DRS USE ONLY)	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	3		
	4	Multiply Line 3 by 30% (.30)	4		
Federal Employer ID Number	5	Overpayment from prior year applied to this estimate	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	6		

Please change  
name or  
mailing  
address, or  
both,  
if shown  
incorrectly  
at right

Due Date: March 15  
Make Checks Payable To:  
Commissioner of Revenue Services  
Mail To: Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

207 ESB - Second Installment  
Estimated Insurance Premiums Tax  
Payment Coupon  
Domestic Insurance Companies  
(Rev. 12/02)

Department of Revenue Services  
State of Connecticut  
PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

207 ESB

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2002 Form 207, Line 9	1		
	2	Multiply the tax that will be shown on 2003 Form 207 by 90% (.90)	2		
Date Received (DRS USE ONLY)	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	3		
	4	Multiply Line 3 by 60% (.60)	4		
Federal Employer ID Number	5	Amount paid with Form 207 ESA plus overpayment from prior year applied to estimated tax for current year	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	6		

Please change  
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Due Date: June 15  
Make Checks Payable To:  
Commissioner of Revenue Services  
Mail To: Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

207 ESC - Third Installment  
Estimated Insurance Premiums Tax  
Payment Coupon  
Domestic Insurance Companies  
(Rev. 12/02)

Department of Revenue Services  
State of Connecticut  
PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

207 ESC

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2002 Form 207, Line 9	1		
	2	Multiply the tax that will be shown on 2003 Form 207 by 90% (.90)	2		
Date Received (DRS USE ONLY)	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	3		
	4	Multiply Line 3 by 80% (.80)	4		
Federal Employer ID Number	5	Amount paid with Forms 207 ESA and 207 ESB plus overpayment from prior year applied to estimated tax for current year	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	6		

Please change  
name or  
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Due Date: September 15  
Make Checks Payable To:  
Commissioner of Revenue Services  
Mail To: Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

207 ESD - Fourth Installment  
Estimated Insurance Premiums Tax  
Payment Coupon  
Domestic Insurance Companies  
(Rev. 12/02)

Department of Revenue Services  
State of Connecticut  
PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

207 ESD

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2002 Form 207, Line 9	1		
	2	Multiply the tax that will be shown on 2003 Form 207 by 90% (.90)	2		
Date Received (DRS USE ONLY)	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	3		
	4	Amount paid with Forms 207 ESA, 207 ESB, and 207 ESC plus overpayment from prior year applied to estimated tax for current year	4		
Federal Employer ID Number	5	Payment due with this coupon (Subtract Line 4 from Line 3)	5		

Please change  
name or  
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incorrectly  
at right

Due Date: December 15  
Make Checks Payable To:  
Commissioner of Revenue Services  
Mail To: Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

Instructions

Who Must File This Coupon

Each domestic insurance company that is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225, whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 Form 207; or
- (2) 100% of the tax shown on your 2002 Form 207, Line 9.

Payment Due With This Coupon

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 30% (.30) of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.

Instructions

Who Must File This Coupon

Each domestic insurance company that is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225, whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 Form 207; or
- (2) 100% of the tax shown on your 2002 Form 207, Line 9.

Payment Due With This Coupon

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207 ESA and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 60% (.60) of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.

Instructions

Who Must File This Coupon

Each domestic insurance company that is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225, whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 Form 207; or
- (2) 100% of the tax shown on your 2002 Form 207, Line 9.

Payment Due With This Coupon

Eighty percent (80)% of the required annual payment less any estimated payments made with Forms 207 ESA and 207 ESB and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 80%(.80) of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.

Instructions

Who Must File This Coupon

Each domestic insurance company that is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225, whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2003 Form 207; or
- (2) 100% of the tax shown on your 2002 Form 207, Line 9.

Payment Due With This Coupon

One hundred percent (100%) of the required annual payment less any estimated payments made with Forms 207 ESA, 207 ESB, and 207 ESC and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 100% of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.